

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,397

FILING DATE

07-17-06

APPLICANT(S)

10-17-06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3	1			1		
4	1			1		
5		4		1		
6		4		1		
7	1		1			
8		0		1		
9		0		1		
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TOTAL IND.	5	↓	2	↓		↓
TOTAL DEP.	12	←	9	←		←
TOTAL CLAIMS	17		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						